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C/MS

19 August 1953

C/PCD

Medical Office Career Service Program

REFERENCE: Your Memorandum Regarding Medical Office Career Service Program,
Dated 24 July 1953

1. In response to the above reference, the following comments are submitted for your consideration. For my views concerning physicians, I refer you to paper directed to you dated 8 May 1953 from C/PCD.

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2. It is felt that the Medical Office Career Service Board, as established under [REDACTED] provides the basic mechanism for a sound and effective Career Service Program for all members of the Medical Office.

a. Membership

The membership of the Medical Office Career Service Board should consist of C/MS, DC/MS, ADS, C/PCD, C/PD, C/TSD and the Chairman of the Technicians Committee. Such a membership would provide a representation of all the elements of the Medical Office. It is felt that the C/MS should actively participate in the proceedings of the Career Service Board of the Medical Office. It is understood that the Medical Office is one of the few offices in the DD(A) complex where the Chief has not actively participated in these proceedings. C/ASD should be the nonvoting secretariat of the Board, who handles the administrative function.

b. Career Service Board Chairmanship

It is felt that the Chairmanship of the Career Service Board should be a rotating Chairmanship among its voting members. It is felt that the Chairmanship should be rotated on a monthly basis.

c. Personnel Relations

The relationship between the Career Service Board and the affected members of the Medical Office would have

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X been greatly enhanced had the Board not operated behind a veil of secrecy. This lack of healthful advertisement resulted in affected individuals portraying to Medical Office personnel only one view of the proceedings, which was frequently not complimentary to the Career Service Board. When the Board makes a decision in regard to an individual, the Board should convey to this person its findings and substantiate its findings to the satisfaction of the individual concerned.

It is felt by C/CD that the personnel pamphlet put out by the Personnel Office to their career designees was an extremely valuable idea toward improving personnel relations. A similar pamphlet could well be formulated and distributed to concerned persons having a Medical Office career designation.

Because of the limited possibilities for advancement, the Medical Office should attempt to expand the horizons of personnel of the Medical Office by seeking liaison with other divisions, where promotional opportunity is greater. It is to be hoped that this liaison could be developed to a point where very capable members of the Medical Office, who had capabilities beyond the slot allowances of the Medical Office, could be rotated to bigger organizational groups.

Requests for releases should be entertained in a realistic light and the present practice of forcing an individual to resign by an iron-bound demand that he remain in his job be eliminated. Releases are fostered by discontent. This being the case, it is unlikely that an individual would provide his best performance being forced to remain on a job after he has asked for a release from it.

3. Technicians Committee

There exists, in the Medical Office, a natural schism between the technician and the physician. As long as individuals appear similar and remain the pawns of fate, this schism will exist and must be coped with. It is felt that the easiest way to eliminate the antagonism that has existed is to make the technicians Committee a permanent advisory group. This group would be selected from the senior technicians of representative divisions of the Medical Office. This Committee's function would be that of screening problems related to the technicians and clerical personnel. The Committee would serve as an advisory body to the Career Service Board proper. The Chairman of this Committee would be a voting member of the Medical Office Career Service Board. It is felt that by this mechanism, the technicians would share responsibility for decisions made by the Career Service Board. It is strongly recommended by C/PCD that this equal footing recognition of the technicians or some similar mechanism be adopted.

4. Rotation

In a long term projected career plan, rotation is a valuable mechanism. Where there exists limitation of rotational possibilities and a necessity for highly specialized personnel, rotation may not be desirable. Rotation should be practiced within the Medical Office between divisions. Overseas rotation is also a desirable policy, but of questionable advisability. There exist [redacted] overseas and [redacted] at headquarters. These are functional slots, each with a job assignment. If the inflexible rotation policy was adopted, at the end of the two-year tour all [redacted] would leave headquarters, plus [redacted] ones who had been recruited. There would then be [redacted] to fill [redacted] in headquarters. Considering the normal attrition rate, [redacted], and [redacted], a surplus would exist with each rotation. It is C/PCD's opinion that the inflexible rotation policy should be abolished, but rotation overseas carried out wherever feasible.

5. Individual Career Planning

There should exist in the files of the Medical Office Career Service Board an individual career service plan for each individual of the Medical Office who has fulfilled his initial trial period of one to two years. This plan should be based upon the individual's interest, his indicated capabilities, the needs of the Agency and the projected capabilities of the Medical Office to provide such a career plan. Without considering such individual planning, it is difficult to see how an overall career planning for the Medical Office can be accomplished.

6. Recruitment and Selection

The most rigid standards should be imposed for the selection of technicians. These standards should include professional capability, psychological stability, and physical capability. All of these various evaluations should be performed as soon after initial contact as possible. The recruiter should carry a psychological testing pamphlet and a test questionnaire to give some indication of the individual's capability. The psychological testing pamphlet exists in PD. PCD is formulating the professional questionnaire. These should be evaluated before the individual's processing is started. With the limited demand over a long period of time, the Medical Office can afford to be extremely selective.

7. Training

C/PCD believes that the Medical Office can no longer afford to give the medical school-like curricula formerly given at [redacted]. The limitation of personnel have reduced the time that physicians can give to this type of endeavor, which, under ideal conditions, is extremely time consuming. In the past year, PCD has been called upon to train less than five new technicians.

EYES ONLY

With this small number, the provision of a complete training staff is not justified. It is felt that capability will have to be recruited rather than developed by training.

Every career plan should include some periods of training to permit the individual to improve in his capability, in his assigned task and in his potential in life. It is felt that long term training should be held out to the technicians to develop very specialized capability where it is indicated.

8. Nurses and Clerical Personnel

Some form of representation should be provided the nurses and clerical personnel. A suggestion might be to have the Chief of Nurses and a chosen representative of the secretarial staff as members of the Technicians Committee. This would provide a screening that would limit the trivia that would come before the Career Service Board. It would free the Career Service Board to spend more time in resolving issues concerning policy.

9. General Conclusions

It is recognized that the developing of minority representation as outlined in effect would provide Medical Office personnel with a "back door" to the Career Service Board without the knowledge of their chiefs. It is felt that this is not harmful, since the "chief" would eventually know about it and would help in the decision. It is felt that this would encourage personnel to apply to the Career Service Board and would bring to the Board problems which might have gone unheard. In this fashion, the Board could cope with these problems rather than having them ferment dissatisfaction.

The basis for these machinations has been largely that of attempting to provide a flexible platform that will remain stable because of its flexibility. It is felt that there would result no loss of control by the command echelons of the Medical Office; rather increased control because of an increased awareness.

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MO/WDB:nh (19 Aug. '53)

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